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(Original Signature of Member)

113TH CONGRESS
2D SESSION

H. J. RES. _____

Granting the consent of Congress to the Health Care Compact.

IN THE HOUSE OF REPRESENTATIVES

M____. _____ introduced the following joint resolution; which was
referred to the Committee on _____

JOINT RESOLUTION

Granting the consent of Congress to the Health Care
Compact.

- 1 *Resolved by the Senate and House of Representatives*
2 *of the United States of America in Congress assembled,*
3 CONGRESSIONAL CONSENT
4 SECTION 1.
5 Except as provided in section 2, Congress hereby con-
6 sents to the Health Care Compact. The compact reads as
7 follows:

1 **“SECTION 1. DEFINITIONS.**

2 “As used in this Compact, unless the context clearly
3 indicates otherwise:

4 “(1) ‘Commission’ means the Interstate Advi-
5 sory Health Care Commission.

6 “(2) ‘Effective Date’ means the date upon
7 which this Compact shall become effective for. pur-
8 poses of the operation of State and Federal law in
9 a Member State, which shall be the later of—

10 “(A) the date upon which this Compact
11 shall be adopted under the laws of the Member
12 State; or

13 “(B) the date upon which this Compact re-
14 ceives the consent of Congress pursuant to Arti-
15 cle I, Section 10, of the United States Constitu-
16 tion, after at least two Member States adopt
17 this Compact.

18 “(3) ‘Health Care’ means care, services, sup-
19 plies, or plans related to the health of an individual
20 and includes but is not limited to—

21 “(A) preventive, diagnostic, therapeutic,
22 rehabilitative, maintenance, or palliative care
23 and counseling, service, assessment, or proce-
24 dure with respect to the physical or mental con-
25 dition or functional status of an individual or

1 that affects the structure or function of the
2 body;

3 “(B) sale or dispensing of a drug, device,
4 equipment, or other item in accordance with a
5 prescription; and

6 “(C) an individual or group plan that pro-
7 vides, or pays the cost of, care, services, or sup-
8 plies related to the health of an individual,
9 except any care, services, supplies, or plans provided
10 by the United States Department of Defense and
11 United States Department of Veteran Affairs, or
12 provided to Native Americans.

13 “(4) ‘Member State’ means a State that is sig-
14 natory to this Compact and has adopted it under the
15 laws of that State.

16 “(5) ‘Member State Base Funding Level’
17 means a number equal to the total Federal spending
18 on Health Care in the Member State during Federal
19 fiscal year 2010. On or before the Effective Date,
20 each Member State shall determine the Member
21 State Base Funding Level for its State, and that
22 number shall be binding upon that Member State.

23 “(6) ‘Member State Current Year Funding
24 Level’ means the Member State Base Funding Level
25 multiplied by the Member State Current Year Popu-

1 lation Adjustment Factor multiplied by the Current
2 Year Inflation Adjustment Factor.

3 “(7) ‘Member State Current Year Population
4 Adjustment Factor’ means the average population of
5 the Member State in the current year less the aver-
6 age population of the Member State in Federal fiscal
7 year 2010, divided by the average population of the
8 Member State in Federal fiscal year 2010, plus 1.
9 Average population in a Member State shall be de-
10 termined by the United States Census Bureau.

11 “(8) ‘Current Year Inflation Adjustment Fac-
12 tor’ means the Total Gross Domestic Product
13 Deflator in the current year divided by the Total
14 Gross Domestic Product Deflator in Federal fiscal
15 year 2010. Total Gross Domestic Product Deflator
16 shall be determined by the Bureau of Economic
17 Analysis of the United States Department of Com-
18 merce.

19 **“SEC. 2. PLEDGE.**

20 “ The Member States shall take joint and separate
21 action to secure the consent of the United States congress
22 to this compact in order to return the authority to regulate
23 Health Care to the Member States consistent with the
24 goals and principles articulated in this Compact. the Mem-
25 ber States shall improve Health Care policy within their

1 respective jurisdictions and according to the judgment and
2 discretion of each Member States.

3 **“SEC. 3. LEGISLATIVE POWER.**

4 “ The legislatures of the Member States have the pri-
5 mary responsibility to regulate Health Care in their re-
6 spective States.

7 **“SEC. 4. STATE CONTROL.**

8 “ Each Member State, within its State, may suspend
9 by legislation the operation of all federal laws, rules, regu-
10 lations, and orders regarding Health Care that are incon-
11 sistent with the laws and regulations adopted by the Mem-
12 ber State pursuant to this compact. Federal and State
13 laws, rules, regulations, and orders regarding Health Care
14 will remain in effect unless a Member State expressly sus-
15 pends them pursuant to its authority under this Compact.
16 For any federal law, rule, regulation, or order that re-
17 mains in effect in a Member State after the Effective
18 Date, that Member State shall be responsible for the asso-
19 ciated funding obligations in its State.

20 **“SEC. 5. FUNDING.**

21 “(a) Each Federal fiscal year, each Member State
22 shall have the right to Federal monies up to an amount
23 equal to its Member State Current Year Funding Level
24 for that Federal fiscal year, funded by Congress as man-
25 datory spending and not subject to annual appropriation,

1 to support the exercise of Member State authority under
2 this Compact. This funding shall not be conditional on any
3 action of or regulation, policy, law, or rule being adopted
4 by the Member State.

5 “(b) By the start of each Federal fiscal year, Con-
6 gress shall establish an initial Member State Current Year
7 Funding Level for each Member State, based upon reason-
8 able estimates. The final Member State Current Year
9 Funding Level shall be calculated, and funding shall be
10 reconciled by the United States Congress based upon in-
11 formation provided by each Member State and audited by
12 the United States Government Accountability Office.

13 **“SEC. 6. INTERSTATE ADVISORY HEALTH CARE COMMIS-**
14 **SION.**

15 “(a) The Interstate Advisory Health Care Commis-
16 sion is established. The Commission consists of members
17 appointed by each Member State through a process to be
18 determined by each Member State. A Member State may
19 not appoint more than two members to the Commission
20 and may withdraw membership from the Commission at
21 any time. Each Commission member is entitled to one
22 vote. The Commission shall not act unless a majority of
23 the members are present, and no action shall be binding
24 unless approved by a majority of the Commission’s total
25 membership.

1 “(b) The Commission may elect from among its mem-
2 bership a Chairperson. The Commission may adopt and
3 publish bylaws and policies that are not inconsistent with
4 this Compact. The Commission shall meet at least once
5 a year, and may meet more frequently.

6 “(c) The Commission may study issues of Health
7 Care regulation that are of particular concern to the Mem-
8 ber States. The Commission may make non-binding rec-
9 ommendations to the Member States. The legislatures of
10 the Member States may consider these recommendations
11 in determining the appropriate Health Care policies in
12 their respective States.

13 “(d) The Commission shall collect information and
14 data to assist the Member States in their regulation of
15 Health Care, including assessing the performance of var-
16 ious State Health Care programs and compiling informa-
17 tion on the prices of Health Care. The Commission shall
18 make this information and data available to the legisla-
19 tures of the Member States. Notwithstanding any other
20 provision in this Compact, no Member State shall disclose
21 to the Commission the health information of any indi-
22 vidual, nor shall the Commission disclose the health infor-
23 mation of any individual.

24 “(e) The Commission shall be funded by the Member
25 States as agreed to by the Member States. The Commis-

1 sion shall have the responsibilities and duties as may be
2 conferred upon it by subsequent action of the respective
3 legislatures of the Member States in accordance with the
4 terms of this Compact.

5 “(f) The Commission shall not take any action within
6 a Member State that contravenes any State law of that
7 Member State.

8 **“SEC. 7. CONGRESSIONAL CONSENT.**

9 “ This Compact shall be effective on its adoption by
10 at least two Member States and consent of the United
11 States Congress. This Compact shall be effective unless
12 the United States Congress, in consenting to this Com-
13 pact, alters the fundamental purposes of this Compact,
14 which are—

15 “(1) to secure the right of the Member States
16 to regulate Health Care in their respective States
17 pursuant to this Compact and to suspend the oper-
18 ation of any conflicting federal laws, rules, regula-
19 tions, and orders within their States; and

20 “(2) to secure Federal funding for Member
21 States that choose to invoke their authority under
22 this Compact, as prescribed by Section 5 above.

23 **“SEC. 8. AMENDMENTS.**

24 “ The Member States, by unanimous agreement, may
25 amend this Compact from time to time without the prior

1 consent or approval of Congress and any amendment shall
2 be effective unless, within one year, the Congress dis-
3 approves that amendment. Any State may join this Com-
4 pact after the date on which Congress consents to the
5 Compact by adoption into law under its State Constitu-
6 tion.

7 **“SEC. 9. WITHDRAWAL; DISSOLUTION.**

8 “ Any Member State may withdraw from this Com-
9 pact by adopting a law to that effect, but no such with-
10 drawal shall take effect until six months after the Gov-
11 ernor of the withdrawing Member State has given notice
12 of the withdrawal to the other Member States. A with-
13 drawing State shall be liable for any obligations that it
14 may have incurred prior to the date on which its with-
15 drawal becomes effective. This Compact shall be dissolved
16 upon the withdrawal of all but one of the Member
17 States.”.

18 AGENCIES FOR WHICH CONSENT IS NOT GRANTED

19 SEC. 2.

20 (a) IN GENERAL.—Notwithstanding the consent to
21 the Health Care Compact granted under section 1, the
22 powers granted to Member States under sections 3, 4, and
23 5 of the Health Care Compact shall not apply with regard
24 to the agencies listed under subsection (b), and the Mem-
25 ber State Base Funding Level and Member State Current

1 Year Funding Level shall not include funds spent by such
2 agencies.

3 (b) EXCLUDED AGENCIES.—The agencies to which
4 subsection (a) applies are as follows:

5 (1) The National Institutes for Health.

6 (2) The Centers for Disease Control and Pre-
7 vention.

8 (3) The Food and Drug Administration.